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DATED this

day of

2005.

SIGNED

Joseph S. Tripoli Sr. Vice President

Thomson Licensing Inc. and

Attorney In Fact for

THOMSON LICENSING

WITNESS

Davida Joinavotto

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PTO/SB/81 (11-04)
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Application Number

Filing Date

Janghwan Lee et al. **First Named Inventor POWER OF ATTORNEY** Method And System For Detecting Weak Or Invalid Signals In Data Title **CORRESPONDENCE ADDRESS** Streams INDICATION FORM **Art Unit Examiner Name** Attorney Docket Number | PU030212 I hereby appoint: **Customer Number 24498** ☑ Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith: Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number:. The address associated with Customer Number: OR Joseph S. Tripoli, Patent Operations Individual Name Address THOMSON LICENSING INC. Address P. O. BOX 5312 City **PRINCETON** State NJ 08543-5312 Country USA Telephone 609-734-6820 Fax 609-734-6888

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of ___3_ forms are submitted.

SIGNATURE of Applicant or Assignee of Record

Telephone

609-734-6820

I am the:

Name

Signature Date

Applicant/Inventor.

Assignee of record of the earthe interest. See 37 CFR 3.71.

Certificate under 37 CFR/3.73(b) is enclosed. (Form PTO/SB/96).

, Attorney, Reg. No. 28,234